

Tony Evers
Governor



Kristen L. Johnson
Secretary

**State of Wisconsin
Department of Health Services**

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
610 GIBSON ST SUITE 1
EAU CLAIRE WI 54701-3687

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November 7, 2023

ELECTRONIC MAIL
SOD #Q9OQ11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

Holly Randle
N8855 464th St
Boyceville, WI 54725

C/O Licensee: Lambs Creek West AFH LLC

**Re: Lambs Creek West AFH LLC, 0019169
N8855 464th St
Boyceville, WI 54725**

Dear Holly Randle:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Lambs Creek West AFH LLC, located at N8855 464th St, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On November 03, 2023, a complaint investigation was concluded for Lambs Creek West AFH LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #Q9OQ11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #Q9OQ11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes

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the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements.

* * *

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure

KB/JAJ